

VERMILION LOCAL SCHOOL DISTRICT  
SUPPLEMENTAL CONTRACT COMPLETION FORM

**TO: VERMILION BOARD OF EDUCATION  
TREASURER'S OFFICE**

**EMPLOYEE:**

This letter is to inform the Treasurer's office that as of \_\_\_\_\_, I have fulfilled all contractual responsibilities and obligations pertaining to my supplemental contract for the position of \_\_\_\_\_.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

***Submit this form to your Principal or Athletic Director for approval***

**ADMINISTRATOR / SUPERVISOR:**

This will verify to the Treasurer that \_\_\_\_\_ has fulfilled all contractual responsibilities and obligations pertaining to the position of \_\_\_\_\_ and should receive payment for services rendered as stated in the Master Agreement.

\_\_\_\_\_  
Administrator / Athletic Director

\_\_\_\_\_  
Date

***Submit completed form to Sandy Williams at the Administration Office***

Administrative Office Use

\_\_\_\_\_ Contract Signed

\_\_\_\_\_ Pupil Activity Supervisor Permit received

\_\_\_\_\_ All activity financial transactions are completed

***Payment will not be made until ALL of the requirements of the position are completed***